

12-08-03

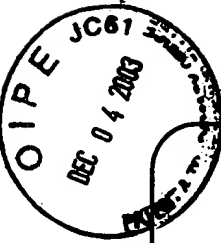
1644

PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/719,045
Filing Date	December 7, 2000
First Named Inventor	Andrew P. Chapman et al.
Group Art Unit	1644
Examiner Name	David A. Saunders
Attorney Docket Number	CARP0006-100

Total Number of Papers in This Submission Three

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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Request for Reconsideration <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition For Revival of an Application For Patent Abandoned Unintentionally Under 27 C.F.R. 1.137(b) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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Remarks

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

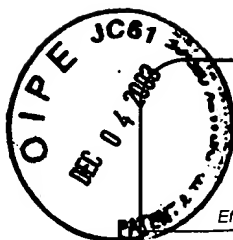
Firm or Individual name	Doreen Yatko Trujillo, Reg. No. 35,719 Cozen & Connor, P.C.		
Signature			
Date	December 4, 2003		

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Typed or printed name	Doreen Yatko Trujillo		
Signature		Date	December 4, 2003

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
950.00

Complete if Known

Application Number 09/719,045
Filing Date December 7, 2000
First Named Inventor Andrew P. Chapman et al.
Examiner Name David A. Saunders
Art Unit 1644
Attorney Docket No. CARP0006-100

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<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 50-1275 Deposit Account Name Cozen O'Connor, P.C.				Large Entity Small Entity			
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input checked="" type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				Fee Code Fee (\$)			
FEE CALCULATION				Fee Code Fee (\$)			
1. BASIC FILING FEE				Fee Description Fee Paid			
Large Entity Small Entity							
Fee Code Fee (\$) Fee Code Fee (\$)							
1001 770 2001 385 Utility filing fee							
1002 340 2002 170 Design filing fee							
1003 530 2003 265 Plant filing fee							
1004 770 2004 385 Reissue filing fee							
1005 160 2005 80 Provisional filing fee							
SUBTOTAL (1)				(\$)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Total Claims 15 - 20 ** = 00 X Fee from below = Fee Paid							
Independent Claims 02 - 03 ** = 00 X Fee from below = Fee Paid							
Multiple Dependent =							
Large Entity Small Entity							
Fee Code Fee (\$) Fee Code Fee (\$)							
1202 18 2202 9 Claims in excess of 20							
1201 86 2201 43 Independent claims in excess of 3							
1203 290 2203 145 Multiple dependent claim, if not paid							
1204 86 2204 43 ** Reissue independent claims over original patent							
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent							
SUBTOTAL (2)				(\$)			
*or number previously paid, if greater; For Reissues, see above							
				SUBTOTAL (3) (\$950.00)			

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Doreen Yanko Trujillo	Registration No. (Attorney/Agent)	35,719
Signature	<i>Doreen Yanko Trujillo</i>	Telephone	(215) 665-5593
		Date	December 4, 2003

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